1. Complete a Media Request Form (please photocopy the form as needed).

2. Mail request form to: **Children & Family Services Training Center**
   
   University of North Dakota
   
   P.O. Box 7090
   
   Grand Forks, ND  58202-7090

   OR fax to:  701-777-0789 OR call:  701-777-3442

   OR e-mail:  cfstc@mail.und.edu

Please schedule materials in advance. You will receive materials 2-3 days before your scheduled show date. A card will accompany your order indicating scheduled show date and return mail instructions and insurance amounts. **Please note:** All audiovisuals are to be returned within **two** working days from show date unless prior arrangements have been made with CFSTC. Books and printed materials may be checked out for 30 days (unless otherwise indicated).

---

**How To Return**

1. Please package carefully. Be sure that all parts (discussion guide, cassette tape, etc.) are included.

2. Address package to CFSTC - use the PO Box for regular mail and the UPS address if using UPS for return (see below).

3. **Insure** package for appropriate amount:

   **Videotapes - $200 each**
   
   **Slides & Filmstrips - $100**
   
   **Books and Printed Materials - $20-50 as indicated**

   If the package is lost and NOT INSURED, you/your agency will be responsible for the replacement cost of the contents. Please retain your insurance receipt until you receive a card from CFSTC stating that the materials were received.

4. Return to: **Children & Family Services Training Center**
   
   University of North Dakota
   
   P.O. Box 7090  (UPS address: Gillette Hall, Room 10)
   
   Grand Forks, ND  58202-7090
# MEDIA REQUEST FORM

**SEND TO:** Children & Family Services Training Center  **OR FAX:** 701-777-0789  
University of North Dakota  
P.O. Box 7090  
Grand Forks, ND  58202-7090

**Requested By:** Name __________________________________________________

Agency ________________________________________________________________

Mailing Address _______________________________________________________

Street Address (for UPS) _____________________________________________

City ________________________ State _________ Zip ___________

Telephone ____________________________

Please send the following material:

<table>
<thead>
<tr>
<th>Catalog Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Audiovisuals:**

Show Date ________________  Return Date ________________